

WARMLAND RESTORATIVE JUSTICE SOCIETY

CONFIDENTIAL WHEN COMPLETED

MEMBERSHIP APPLICATION FOR WARMLAND RESTORATIVE JUSTICE SOCIETY

PERSONAL INFORMATION

NAME: _____

PREFERRED NAME (if different): _____

Age: ___ Youth ___ 19-35 ___ 35-55 ___ over 55 ___ retired

ADDRESS: _____

TELEPHONE:

RESIDENCE: _____ MOBILE: _____

OTHER: _____

EMAIL: _____

EMERGENCY CONTACT PERSON AND PHONE NUMBER:

CONFIDENTIAL WHEN COMPLETED

Signature: _____ Date: _____

Please email the completed application form to Warmland Restorative Justice Society Board of Directors:

Email: WarmlandRJS@gmail.com

If you have any questions, please email the Warmland Restorative Justice Society Board of Directors at the above email address.